DEKALB COUNTY PERSONNEL STATEMENT

INSTRUCTIONS: This personnel statement must be executed under oath, by the licensee, all owners, managers, and officers and/or directors of the corporation of any place of business applying for an alcoholic beverage license. Each question must be fully answered. If space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that a separate sheet is attached. Duplicate personnel statement and original pictures for all the above persons must be submitted with each license application.

Full name			S.S. No	
Full name and address of	of business of which this pers	sonnel stateme	ent is a part:	
Position of applicant in b	ousiness			
Percent of ownership, if	any, in this business			
Salary or annual compe	nsation			
Do you have any financi bottling, rectifying or sel	al interest, or are you emplo ling alcoholic beverages:	yed in any wh	olesale or retail business If yes, give names and	s engaged in distilling, locations of interest in each
	inancial interest in an alcoho			ed a license?
been employed, ever be	age business in which you he en cited for any violation of th ons relating to the sale and c	he rules and r	egulations of the State F	Revenue Commissioner or any
	ars you have bought and solonsiderations involved).			
Have you ever been den	ied bond by a commercial se	ecurity compa	ny? If so g	give details
Other names used by ap wise, aliases, nickname	plicant: Maiden name, nam s, etc. Specify which, and sh	es by former r now dates use	marriages, former names	s changed legally or other-
Home address			Home Phone	
				ne
				By Birth
				ertificate No
				en Register No.
Native Country*NOTE: Copy of Resid	Date & Port of lent Alien Card and Drivers on will not be accepted with	of Entry s License mu	st be provided at the ti	-
• •	•			Separated
	, complete the below reques			
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FROM TO		ГО					
Month	Year	Month	Year	Occupation and Description of Duties Performed	Salaries Received	Employers	Reason for Leaving
Lieti	in rover	eo chrono	logical ord	ler all of your residence	e for the past to	nn voare:	
. LISU	Dates		logical ord	lei ali di youi residence	tor the past te	li years.	
From To			Street		Cit	ty State	
	•	Sov	Hoia	ht Weight	Ago	Hair Color	Eve Color
							Eye Color
. Allai	CII all OI	igiliai Fiic	nograpii (i	front view) taken within	lile past year (c		
						(Attach Photo here)	
is state							I questions fully and correctly lattached sheets submitted
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nis state erewith. tate of G and answer nereby c new and and answer	ment is to the company of the compan	by me as t od all state ue and cor	the applica	cath and subject to the permander to the	y swear, subject t nel statement are Applicant's signed his na nd, under oath ac	earing, and it includes all o the penalties of false s true and correct. Signature time to the foregoing app	I attached sheets submitted wearing, that the statements